

**MEDICAL EXPENDITURE PANEL SURVEY
MEDICAL PROVIDER COMPONENT
DATA FORM
FOR
PHARMACIES
FOR
REFERENCE YEAR 2016**

OMB

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DCS: READ THIS ALOUD ONLY IF REQUESTED BY RESPONDENT.

PRESS NEXT TO CONTINUE IN THIS EVENT FORM

PRESS BREAKOFF TO DISCONTINUE

DATE FILLED

Q1. Date Filled: Month: _____ Day: _____ Year: _____

DK/REF/RETRIEVABLE – CONTINUE TO Q2

PRESCRIPTION INFORMATION

Q2. Prescription information will be identified using:

NOTE: TRY TO OBTAIN NDC. USE DRUG NAME ONLY IF NDC NOT AVAILABLE.

1 = NDC

2 = Drug Name, Strength/Unit, and Dosage Form

[IF Prescription Information = 1 (NDC), GO TO Q2a;

IF Prescription Information = 2 (Drug Name, Strength/Unit, & Dosage Form), GO TO Q2b]

Q2a. NDC

ENTER 11-DIGIT NDC WITHOUT DASHES OR SPACES.

NDC IS UNKNOWN OR REFUSED, RETURN TO PREVIOUS SCREEN AND SELECT **DRUG NAME** OPTION

When Q2a is COMPLETE, GO TO Q3a/QTY

Q2b. Drug Name:

Q2b_1:

Compound drug? _____

Durable Medical Equipment: _____ DME_1

IF DURABLE MEDICAL EQUIPMENT GO TO Q3A***

MJ? _____ MJ_1

IF MJ GO TO Q3a***

When Drug Name is complete, send user to Q2c/STRENGTH

Q2c. Strength:

Q2d. Unit:

Q2c2. Strength 2:

Q2d2. Unit 2:

Q2e. Dosage Form:

After Q2e, CONTINUE TO Q3a/b.

Q2b - DK/REF/RETRIEVABLE – CONTINUE TO Q2c/d

Q2c/d - DK/REF/RETRIEVABLE – CONTINUE TO Q2e

Q2e - DK/REF/RETRIEVABLE – CONTINUE TO Q3a/b

QUANTITY

Q3a. Quantity:

Q3b. Unit:

Q3b – DK/REF/RETRIEVABLE – CONTINUE TO Q4

Q4. How many days were supplied?

IF PRESCRIPTION WAS TO BE USED “AS NEEDED” ENTER 999

Q4 – DK/REF/RETRIEVABLE – CONTINUE TO Q5

PAYMENT INFORMATION

Q5. Patient Payment:

\$_____.

Q5a. Were there any 3rd party payers?

- YES
- NO

Q6. Type of 3rd Party Payer

Q7. 3rd Party Payment

\$_____.

NOTE: IF PATIENT PAYMENT WAS \$1 OR LESS, EXPECT THE 3rd PARTY PAYER TO BE A PUBLIC PROGRAM, E.G., MEDICAID OR OTHER STATE/LOCAL GOVT, ETC.

Any more 3rd Party Payers?

1. Yes
2. No

Q6/Q7 - ALLOW A MAXIMUM OF TWO 3rd PARTY PAYERS. IF USER SAYS “YES, MORE” THREE TIMES THEN THE PROGRAM WILL GO TO FINISH SCREEN.

Q5 - DK/REF/RETRIEVABLE – CONTINUE TO Q5a.

Q5a - DK/REF/RETRIEVABLE – CONTINUE TO EXIT SCREEN.

Q6 - DK/REF/RETRIEVABLE – CONTINUE TO Q7.

Q7 - DK/REF/RETRIEVABLE – CONTINUE TO EXIT SCREEN.

FINISH SCREEN

PRESS VALIDATE TO COMPLETE THIS EVENT FORM.